

[UW COMPANY]

Agency Name
Address
City State Zip
Phone:
Email:

[LOGO]
[URL]

NONPAYMENT CANCELLATION NOTICE

Named Insured(s)
Name
Address
City State Zip
[Email:]

Print Date

Policy Number

Cancellation Effective Date

at 12:01 a.m. Local Time

Cancellation will not take effect if you pay the Minimum Amount on or before the Cancellation Effective Date.

Reason(s) for Cancellation:

NONPAYMENT OF PREMIUM

You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with state law, that your insurance will cease at and from the hour and date mentioned above.

Important Notices

You may receive other billings, offers, Declarations Page(s), or notices from us before this cancellation takes effect. Nothing contained in these documents changes the cancellation, expiration or nonrenewal date listed on any outstanding bill, offer or notice sent to you. You still must pay for any premium adjustments due to any changes you request.

Notice of termination is being sent to any lienholder/additional insured lessor/additional interest.

Notice of termination for the financial responsibility filing (SR-22/FR-44) is being sent to the state motor vehicle department.

IMPORTANT NOTICE TO POLICYHOLDERS: Please read carefully the information below which outlines your legal rights relative to this cancellation.

INFORMATION ABOUT MINIMUM INSURANCE REQUIREMENTS

Massachusetts law requires that every motor vehicle registered in Massachusetts carry minimum motor vehicle liability insurance. The Registrar of Motor Vehicles will revoke your registration and license plates on the effective date of cancellation shown in this notice unless:

1. We reinstate your required minimum motor vehicle insurance; or
2. Before the date of cancellation shown in this notice you obtain minimum motor vehicle insurance from another insurance company. The new insurance company must notify the Registrar before the date of cancellation in this notice that it has insured your motor vehicle.

If you are unable to obtain motor vehicle insurance from another insurance company, you may be eligible to obtain motor vehicle insurance through the Massachusetts residual market plan. Almost all insurance agents and all insurance companies are authorized to help you apply for motor vehicle insurance through the plan. If you apply for motor vehicle insurance through the plan, you will not be able to choose an insurer, but you will be assigned to an insurance company. In some cases, you may not be able to obtain coverage through the plan that is identical to the coverage that was canceled; or

3. Before the effective date of cancellation shown in this notice you file with the Commissioner of Insurance a written complaint on a form prescribed and furnished by the Commissioner of Insurance. The form is available on

the Division of Insurance website by searching "Cancellation Appeal Form" at [www.mass.gov/doi] or can be obtained by calling the Division's Consumer Service Section at [617-521-7777].

Unless one of the three above actions occurs, the registration for your motor vehicle will be revoked on the effective date of cancellation shown in this notice.

If you have questions, please contact your insurance agency or Customer Service at <phone> or <email>.

Please separate and return this portion with your payment. Please do not fold or staple.

Payment Coupon

Minimum Amount _____ \$
Coverage will end [MM/DD/YYYY] if Minimum Amount is not received.

Amount Enclosed _____ \$

[Minimum Amount includes a [\$ fee amount & name] fee and [\$ fee amount & name] fee.]

[Logo Name]® makes it easy to pay your bill anytime:

Online: [web]

Customer Service: [phone] (24 hour payments)

Payment by check authorizes us to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. Funds may be withdrawn from your account the same day we receive your payment.

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INDICATE _____

ADDRESS _____

CHANGE _____

Check if this is permanent address change

Please Make Check Payable To:

[NAME]
[ADDRESS]
[CITY STATE ZIP]

UW COMPANY

Agency Name
Address
City State Zip
Phone:
Email:

[LOGO]
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Your payment, or a payment made on your behalf, was not honored by the financial institution. Therefore your policy is not in force effective at the date and time shown above. In alignment with the insurance laws in your state, and with the language on your Bill or Offer, your coverage may have been voided/rescinded as though no payment were received.

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[NAME]
[ADDRESS]
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UW COMPANY

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MA5811-0619247

Page 2 of 2

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UW COMPANY

Agency Name
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Name
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Payment AmountReturned Payment

Vehicle Information

~~[Year Make Model VIN], [Year Make Model VIN]~~

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at 12:01 a.m. Local Time

Returned Payment

Cancellation will not take effect if you pay the Minimum Amount on or before the Cancellation Effective Date.

Your payment, or a payment made on your behalf, was not honored by the financial institution. Therefore your policy is not in force effective at the date and time shown above. In alignment with the insurance laws in your state, and with the language on your Bill or Offer, your coverage may have been voided/rescinded as though no payment were received.

Reason(s) for Cancellation:

RETURNED PAYMENT

Important Notices

You may receive other billings, offers, Declarations Page(s), or notices from us before this cancellation takes effect. Nothing contained in these documents changes the cancellation, expiration or nonrenewal date listed on any outstanding bill, offer or notice sent to you. You still must pay for any premium adjustments due to any changes you request.

[Notice of termination is being sent to any lienholder/additional insured lessor/additional interest.]

Commented [BN1]: 3rd party = Y

[Notice of termination for the financial responsibility filing (SR-22/FR-44) is being sent to the state motor vehicle department.]

Commented [BN2]: SR/FR = Y

IMPORTANT NOTICE TO POLICYHOLDERS: Please read carefully the information below which outlines your legal rights relative to this cancellation.

INFORMATION ABOUT MINIMUM INSURANCE REQUIREMENTS

Massachusetts law requires that every motor vehicle registered in Massachusetts carry minimum motor vehicle liability insurance. The Registrar of Motor Vehicles will revoke your registration and license plates on the effective date of cancellation shown in this notice unless:

1. We reinstate your required minimum motor vehicle insurance; or
2. Before the date of cancellation shown in this notice you obtain minimum motor vehicle insurance from another insurance company. The new insurance company must notify the Registrar before the date of cancellation in this notice that it has insured your motor vehicle.

If you are unable to obtain motor vehicle insurance from another insurance company, you may be eligible to obtain motor vehicle insurance through the Massachusetts residual market plan. Almost all insurance agents and all insurance companies are authorized to help you apply for motor vehicle insurance through the plan. If you apply for motor vehicle insurance through the plan, you will not be able to choose an insurer, but you will be assigned to an insurance company. In some cases, you may not be able to obtain coverage through the plan that is identical to the coverage that was canceled; or

3. Before the effective date of cancellation shown in this notice you file with the Commissioner of Insurance a written complaint on a form prescribed and furnished by the Commissioner of Insurance. The form is available on

the Division of Insurance website by searching "Cancellation Appeal Form" at [www.mass.gov/doi] or can be obtained by calling the Division's Consumer Service Section at [617-521-7777].

Unless one of the three above actions occurs, the registration for your motor vehicle will be revoked on the effective date of cancellation shown in this notice.

If you have questions, please contact your insurance agency or Customer Service at <phone> or <email>.

Please separate and return this portion with your payment. Please do not fold or staple.

Payment Coupon

Minimum Amount _____ \$
Coverage will end [MM/DD/YYYY] if Minimum Amount is not received.

Amount Enclosed _____ \$

[Minimum Amount includes a [\$ fee amount & name] fee and [\$ fee amount & name] fee.]

[Logo Name]® makes it easy to pay your bill anytime:

Online: [web]

Customer Service: [phone] (24 hour payments)

Payment by check authorizes us to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. Funds may be withdrawn from your account the same day we receive your payment.

Policy Number:
Named Insured(s):

INDICATE _____

ADDRESS _____

CHANGE _____

Check if this is permanent address change

Please Make Check Payable To:

[NAME]
[ADDRESS]
[CITY STATE ZIP]

UW COMPANY

Agency Name
Address
City State Zip
Phone:
Email:

[LOGO]
[URL]

NONPAYMENT CANCELLATION NOTICE

Named Insured(s)
Name
Address
City State Zip
[Email:]

Print Date

Policy Number

Cancellation Effective Date

at 12:01 a.m. Local Time

Cancellation will not take effect if you pay the Minimum Amount on or before the Cancellation Effective Date.

Reason(s) for Cancellation:

NONPAYMENT OF PREMIUM

You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with state law, that your insurance will cease at and from the hour and date mentioned above.

Important Notices

You may receive other billings, offers, Declarations Page(s), or notices from us before this cancellation takes effect. Nothing contained in these documents changes the cancellation, expiration or nonrenewal date listed on any outstanding bill, offer or notice sent to you. You still must pay for any premium adjustments due to any changes you request.

[Notice of termination is being sent to any lienholder/additional insured lessor/additional interest.]

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If you have questions, please contact your insurance agency or Customer Service at <phone> or <email>.

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[Logo Name]® makes it easy to pay your bill anytime:

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Customer Service: [phone] (24 hour payments)

Payment by check authorizes us to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. Funds may be withdrawn from your account the same day we receive your payment.

**Policy Number:
Named Insured(s):**

INDICATE _____

ADDRESS _____

CHANGE _____

Check if this is permanent address change

Please Make Check Payable To:

[NAME]
[ADDRESS]
[CITY STATE ZIP]

UW COMPANY

Agency Name
Address
City State Zip
Phone:
Email:

[LOGO]
[URL]

NONPAYMENT CANCELLATION NOTICE

Named Insured(s)
Name
Address
City State Zip
[Email:]

Print Date

Policy Number

Cancellation Effective Date

at 12:01 a.m. Local Time

~~If the minimum amount due is not received prior to the Cancellation Effective Date your coverage will end. Cancellation will not take effect if you pay the Minimum Amount on or before the Cancellation Effective Date.~~

Formatted: Font: 10 pt

Reason(s) for Cancellation:

NONPAYMENT OF PREMIUM

You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with state law, that your insurance will cease at and from the hour and date mentioned above.

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Policy Number:
Named Insured(s):

INDICATE _____

ADDRESS _____

CHANGE _____

Check if this is permanent address change

Please Make Check Payable To:

[NAME]
[ADDRESS]
[CITY STATE ZIP]